

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)2 PAGE #  
1 of 343 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

Mr.

FIRST

Maher

MI

NICKNAME

LAST

Maso

M.  
SUFFIX

OFFICE USE ONLY

Date Received

RECEIVED

APR 10 2009

City Secretary's Office

Date Hand-delivered or Date Postmarked

4-10-08

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

15935 Stonebridge Dr.  
Frisco, TX 75035☒ Change of Address5 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

Mrs.

FIRST

June

MI

NICKNAME

E

LAST

Taylor

SUFFIX

6 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

7661 Kings Ridge Road  
Frisco, TX 750357 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 808-3014

8 REPORT TYPE

☐

January 15

☒

30th day before election

☐

Runoff

☐15th day after campaign treasurer  
appointment (officeholder only)☐

July 15

☐

8th day before election

☐

Exceeded \$500 limit

☐

Final report (Attach C/OH - FR)

9 PERIOD  
COVERED

Month

Day

Year

THROUGH

Month

Day

Year

01/01/2008

03/31/2008

10 ELECTION

Month

Day

Year

05/10/2008

ELECTION TYPE

☐

Primary

☐

Runoff

☒

General

☐

Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)  
Mayor - City of Frisco13 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval.  
Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address/PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME Maso, Maher (Mr.)

15 ACCOUNT # (Ethics Commission filers)

### 16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

### 17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 380.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 23,966.91

### EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 29,199.29

### CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

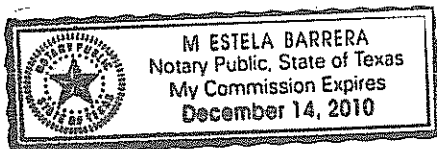
\$ 5,341.03

### OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

### 18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Maher Maso*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Maher Maso, this the 10th day of April, 2008, to certify which, witness my hand and seal of office.

*Estela Barrera*  
Signature of officer administering oath

*Estela Barrera*  
Print name of officer administering oath

*Asst to City Sec*  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|  |   |  |  |
|--|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form.      |   | 1 PAGE #<br>Schedule: 1/16 Report: 3/34                                    |  |
| 2 FILER NAME Maso, Maher (Mr.)                                 |   | 3 ACCOUNT # (Ethics Commission filers)                                     |  |
| 4 Date<br><br>03/18/2008                                       | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Anand, Sanjay (Mr.)<br><br>6 Contributor address; City; State; Zip Code<br>4929 Forest Lane<br>Dallas, TX 75244           | 7 Amount of contribution (\$)<br><br>\$500.00                              | 8 In-kind contribution description (if applicable) |
|  |   | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  |
| 9 Principal occupation / Job title (See Instructions)          |   | 10 Employer (See Instructions)   |  |
| Date<br><br>03/20/2008   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Artiles, Jose & Mary Ann Campbell<br><br>Contributor address; City; State; Zip Code<br>10905 Amelina Ln<br>Frisco, TX 75035 | Amount of contribution (\$)<br><br>\$250.00                                | In-kind contribution description (if applicable)   |
|  |   | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  |
| Principal occupation / Job title (See Instructions)<br>Retired |   | Employer (See Instructions)<br>NA  |  |
| Date<br><br>03/20/2008   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Artiles, Jose & Mary Ann Campbell<br><br>Contributor address; City; State; Zip Code<br>10905 Amelina Ln<br>Frisco, TX 75035 | Amount of contribution (\$)<br><br>\$75.00                                 | In-kind contribution description (if applicable)   |
|  |   | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  |
| Principal occupation / Job title (See Instructions)<br>Retired |   | Employer (See Instructions)<br>NA  |  |
| Date<br><br>02/12/2008   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Barretta, Nick (Mr.)<br><br>Contributor address; City; State; Zip Code<br>12 Woodcreek Ln<br>Frisco, TX 75034               | Amount of contribution (\$)<br><br>\$100.00                                | In-kind contribution description (if applicable)   |
|  |   | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  |
| Principal occupation / Job title (See Instructions)            |   | Employer (See Instructions)  |  |
| Date<br><br>03/20/2008   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Bowdon, David & Lisa<br><br>Contributor address; City; State; Zip Code<br>5600 Roanoke Dr<br>Frisco, TX 75035               | Amount of contribution (\$)<br><br>\$20.00                                 | In-kind contribution description (if applicable)   |
|  |   | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  |
| Principal occupation / Job title (See Instructions)            |   | Employer (See Instructions)  |  |

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|   |  |   |  |
|---|--|---|--|
| The INSTRUCTION GUIDE explains how to complete this form. |  | 1 PAGE #<br>Schedule: 2/16 Report: 4/34       |  |
| 2 FILER NAME Maso, Maher (Mr.)                            |  | 3 ACCOUNT # (Ethics Commission filers)        |  |
| 4 Date<br><br>03/08/2008                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Bowen, Ricardo Miguel & Norine (Hon.)<br><br>6 Contributor address; City; State; Zip Code<br>7510 Acorn Lane<br>Frisco, TX 75034 | 7 Amount of contribution (\$)<br><br>\$50.00  | 8 In-kind contribution description (if applicable)<br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| 9 Principal occupation / Job title (See Instructions)     |  | 10 Employer (See Instructions)                |  |
| Date<br><br>03/20/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Buck, Beth & David<br><br>Contributor address; City; State; Zip Code<br>8020 Main St.<br>Frisco, TX 75034                          | Amount of contribution (\$)<br><br>\$30.00    | In-kind contribution description (if applicable)<br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>   |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                   |  |
| Date<br><br>03/20/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Chase, Gary & Linda<br><br>Contributor address; City; State; Zip Code<br>12618 Bruschetta Dr<br>Frisco, TX 75035                   | Amount of contribution (\$)<br><br>\$100.00   | In-kind contribution description (if applicable)<br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>   |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                   |  |
| Date<br><br>03/13/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Condit, Phil & Geda<br><br>Contributor address; City; State; Zip Code<br>3409 Lantz Cr.<br>Plano, TX 75025                         | Amount of contribution (\$)<br><br>\$5,000.00 | In-kind contribution description (if applicable)<br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>   |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                   |  |
| Date<br><br>03/20/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Cross, Rosa (Mrs.)<br><br>Contributor address; City; State; Zip Code<br>5014 Plantation Lane<br>Frisco, TX 75035                   | Amount of contribution (\$)<br><br>\$100.00   | In-kind contribution description (if applicable)<br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>   |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                   |  |

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|   |   |   |   |
|---|---|---|---|
| The INSTRUCTION GUIDE explains how to complete this form. |   | 1 PAGE #<br>Schedule: 3/16 Report: 5/34       |   |
| 2 FILER NAME Maso, Maher (Mr.)                            |   | 3 ACCOUNT # (Ethics Commission filers)        |   |
| 4 Date<br><br>03/24/2008                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Crow, Leigh Anne & David<br><br>6 Contributor address; City; State; Zip Code<br>11213 Alexandria Dr<br>Frisco, TX 75035 | 7 Amount of contribution (\$)<br><br>\$100.00 | 8 In-kind contribution description (if applicable)<br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>                    |
| 9 Principal occupation / Job title (See Instructions)     |   | 10 Employer (See Instructions)                |   |
| Date<br><br>03/20/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Crow, Rebecca<br><br>Contributor address; City; State; Zip Code<br>9103 Chivalry Ct<br>Frisco, TX 75034                   | Amount of contribution (\$)<br><br>\$50.00    | In-kind contribution description (if applicable)<br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>                      |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                   |   |
| Date<br><br>03/20/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Crow, Rebecca<br><br>Contributor address; City; State; Zip Code<br>9103 Chivalry Ct<br>Frisco, TX 75034                   | Amount of contribution (\$)<br><br>\$250.00   | In-kind contribution description (if applicable)<br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>                      |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                   |   |
| Date<br><br>03/19/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Daniels, Clay & Julie<br><br>Contributor address; City; State; Zip Code<br>6719 Single Creek Trl<br>Frisco, TX 75035      | Amount of contribution (\$)<br><br>\$100.00   | In-kind contribution description (if applicable)<br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>                      |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                   |   |
| Date<br><br>02/09/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Darzi, Morteza (Mr.)<br><br>Contributor address; City; State; Zip Code<br>7185 Main Street<br>Frisco, TX 75034            | Amount of contribution (\$)<br><br>\$98.95    | In-kind contribution description (if applicable)<br>snacks for volunteers<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                   |   |

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|   |  |  |  |
|---|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. |  | 1 PAGE #<br>Schedule: 4/16 Report: 6/34      |  |
| 2 FILER NAME Maso, Maher (Mr.)                            |  | 3 ACCOUNT # (Ethics Commission filers)       |  |
| 4 Date<br><br>03/17/2008                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Eggleston, Ernest & Martha<br><br>6 Contributor address; City; State; Zip Code<br>5171 Williams Pl<br>Frisco, TX 75034   | 7 Amount of contribution (\$)<br><br>\$25.00 | 8 In-kind contribution description (if applicable)<br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| 9 Principal occupation / Job title (See Instructions)     |  | 10 Employer (See Instructions)               |  |
| Date<br><br>02/15/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Ehmke, Renee (Mrs.)<br><br>Contributor address; City; State; Zip Code<br>1110 Williamsburg Ln<br>Frisco, TX 75035          | Amount of contribution (\$)<br><br>\$500.00  | In-kind contribution description (if applicable)<br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>   |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                  |  |
| Date<br><br>03/20/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Elbedge, Brad (Mr.)<br><br>Contributor address; City; State; Zip Code<br>11110 Williamsburg<br>Frisco, TX 75034            | Amount of contribution (\$)<br><br>\$50.00   | In-kind contribution description (if applicable)<br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>   |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                  |  |
| Date<br><br>03/20/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Fisher, Mike (Mr.)<br><br>Contributor address; City; State; Zip Code<br>1219 Shady Brook<br>Frisco, TX 75034               | Amount of contribution (\$)<br><br>\$100.00  | In-kind contribution description (if applicable)<br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>   |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                  |  |
| Date<br><br>03/31/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Francis, George & Cristine<br><br>Contributor address; City; State; Zip Code<br>5584 Southern Hills Dr<br>Frisco, TX 75034 | Amount of contribution (\$)<br><br>\$100.00  | In-kind contribution description (if applicable)<br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>   |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                  |  |

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|   |   |   |  |
|---|---|---|--|
| The INSTRUCTION GUIDE explains how to complete this form. |   | 1 PAGE #<br>Schedule: 5/16 Report: 7/34   |  |
| 2 FILER NAME Maso, Maher (Mr.)                            |   | 3 ACCOUNT # (Ethics Commission filers)  |  |
| 4 Date<br><br>03/19/2008                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Frye, Mauricio (Mr.)<br><br>6 Contributor address; City; State; Zip Code<br>8040 Flagstone St.<br>Frisco, TX 75034  | 7 Amount of contribution (\$)<br><br>\$100.00<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | 8 In-kind contribution description (if applicable)   |
| 9 Principal occupation / Job title (See Instructions)     |   | 10 Employer (See Instructions)  |  |
| Date<br><br>03/25/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Glacki, Robin & Cai<br><br>Contributor address; City; State; Zip Code<br>4883 Orchard Park<br>frisco, TX 75034        | Amount of contribution (\$)<br><br>\$500.00<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>   | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)   |  |
| Date<br><br>03/28/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Hamilton, John & Betty<br><br>Contributor address; City; State; Zip Code<br>9845 Buckhorn Dr<br>Frisco, TX 75034      | Amount of contribution (\$)<br><br>\$150.00<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>   | In-kind contribution description (if applicable)<br>Meet and Greet in home, food and refreshments. |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)   |  |
| Date<br><br>02/15/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Hansard, Larry (Mr.)<br><br>Contributor address; City; State; Zip Code<br>1634 Torrey Pines Ln<br>Frisco, TX 75034    | Amount of contribution (\$)<br><br>\$100.00<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>   | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)   |  |
| Date<br><br>03/28/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Hastie, Jennifer (Ms.)<br><br>Contributor address; City; State; Zip Code<br>11825 Creek Point Dr.<br>Frisco, TX 75035 | Amount of contribution (\$)<br><br>\$50.00<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>    | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)   |  |

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|   |  |  |  |
|---|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. |  | 1 PAGE #<br>Schedule: 6/16 Report: 8/34      |  |
| 2 FILER NAME Maso, Maher (Mr.)                            |  | 3 ACCOUNT # (Ethics Commission filers)       |  |
| 4 Date<br><br>03/15/2008                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Haughey, Greg (Mr.)<br>.....<br>6 Contributor address; City; State; Zip Code<br>8603 Timber Crest Ct<br>frisco, TX 75035 | 7 Amount of contribution (\$)<br><br>\$50.00 | 8 In-kind contribution description (if applicable)<br><br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| 9 Principal occupation / Job title (See Instructions)     |  | 10 Employer (See Instructions)               |  |
| Date<br><br>03/25/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Henderson, Cliff (Mr.)<br>.....<br>Contributor address; City; State; Zip Code<br>P.O. Box 832046<br>Richardson, TX 75083   | Amount of contribution (\$)<br><br>\$500.00  | In-kind contribution description (if applicable)<br><br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>   |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                  |  |
| Date<br><br>01/21/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Hill, Mark (Mr.)<br>.....<br>Contributor address; City; State; Zip Code<br>2857 Spanish Moss Tr.<br>Frisco, TX 75034       | Amount of contribution (\$)<br><br>\$100.00  | In-kind contribution description (if applicable)<br><br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>   |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                  |  |
| Date<br><br>03/17/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Howe, Clayton & Heather<br>.....<br>Contributor address; City; State; Zip Code<br>1983 Chisholm Trl<br>Frisco, TX 75034    | Amount of contribution (\$)<br><br>\$100.00  | In-kind contribution description (if applicable)<br><br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>   |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                  |  |
| Date<br><br>03/20/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Joyner, Jim & Sheila<br>.....<br>Contributor address; City; State; Zip Code<br>9950 Little Horn Cr.<br>Frisco, TX 75035    | Amount of contribution (\$)<br><br>\$100.00  | In-kind contribution description (if applicable)<br><br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>   |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                  |  |



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|   |  |  |  |   |   |
|---|--|--|--|---|---|
| The INSTRUCTION GUIDE explains how to complete this form.                                   |  |  |  | 1 PAGE #<br>Schedule: 7/16 Report: 9/34 |   |
| 2 FILER NAME Maso, Maher (Mr.)  |  |  |  | 3 ACCOUNT # (Ethics Commission filers)  |   |
| 4 Date<br><br>03/20/2008  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Kerley, Clyde & Suanne |  | 7 Amount of contribution (\$)<br><br>\$100.00                              |   | 8 In-kind contribution description (if applicable)  |
| 6 Contributor address; City; State; Zip Code<br>7546 Oak St<br>Frisco, TX 75034             |  |  | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |   |   |
| 9 Principal occupation / Job title (See Instructions)                                       |  |  | 10 Employer (See Instructions)   |   |   |
| Date<br><br>03/20/2008  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>King, Robert & Betty Jo  |  | Amount of contribution (\$)<br><br>\$50.00                                 |   | In-kind contribution description (if applicable)  |
| Contributor address; City; State; Zip Code<br>8370 Fair Oaks<br>Frisco, TX 75034            |  |  | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |   |   |
| Principal occupation / Job title (See Instructions)   |  |  | Employer (See Instructions)  |   |   |
| Date<br><br>03/13/2008  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Krieger, John & Teresa   |  | Amount of contribution (\$)<br><br>\$45.00                                 |   | In-kind contribution description (if applicable)<br>meet and greet, food and refreshments |
| Contributor address; City; State; Zip Code<br>14976 Mountain Creek Trl.<br>Frisco, TX 75035 |  |  | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |   |   |
| Principal occupation / Job title (See Instructions)   |  |  | Employer (See Instructions)  |   |   |
| Date<br><br>03/20/2008  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Krieger, John & Teresa   |  | Amount of contribution (\$)<br><br>\$50.00                                 |   | In-kind contribution description (if applicable)  |
| Contributor address; City; State; Zip Code<br>14976 Mountain Creek Trl.<br>Frisco, TX 75035 |  |  | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |   |   |
| Principal occupation / Job title (See Instructions)   |  |  | Employer (See Instructions)  |   |   |
| Date<br><br>03/20/2008  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Leroux, Nathalie (Ms.)   |  | Amount of contribution (\$)<br><br>\$50.00                                 |   | In-kind contribution description (if applicable)  |
| Contributor address; City; State; Zip Code<br>10113 Ashmond Dr.<br>Frisco, TX 75035         |  |  | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |   |   |
| Principal occupation / Job title (See Instructions)   |  |  | Employer (See Instructions)  |   |   |

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|   |   |  |  |
|---|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. |   | 1 PAGE #<br>Schedule: 8/16 Report: 10/34                                   |  |
| 2 FILER NAME Maso, Maher (Mr.)                            |   | 3 ACCOUNT # (Ethics Commission filers)                                     |  |
| 4 Date<br><br>03/20/2008                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Loughren, Mary<br><br>6 Contributor address; City; State; Zip Code<br>5503 Mallard Trace<br>Frisco, TX 75034      | 7 Amount of contribution (\$)<br><br>\$100.00                              | 8 In-kind contribution description (if applicable) |
|   |   | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  |
| 9 Principal occupation / Job title (See Instructions)     |   | 10 Employer (See Instructions)   |  |
| Date<br><br>03/21/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>martin, Rhonda<br><br>Contributor address; City; State; Zip Code<br>5305 Spicewood Ln.<br>Frisco, TX 75034          | Amount of contribution (\$)<br><br>\$100.00                                | In-kind contribution description (if applicable)   |
|   |   | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)  |  |
| Date<br><br>03/02/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>maso, Jane (Ms.)<br><br>Contributor address; City; State; Zip Code<br>3409 Lntz Cr.<br>Plano, TX 75025              | Amount of contribution (\$)<br><br>\$1,000.00                              | In-kind contribution description (if applicable)   |
|   |   | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)  |  |
| Date<br><br>03/20/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>maso, Jane (Ms.)<br><br>Contributor address; City; State; Zip Code<br>3409 Lntz Cr.<br>Plano, TX 75025              | Amount of contribution (\$)<br><br>\$100.00                                | In-kind contribution description (if applicable)   |
|   |   | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)  |  |
| Date<br><br>03/20/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>matthews, Stephen & Melinda<br><br>Contributor address; City; State; Zip Code<br>914 Tyler Court<br>Allen, TX 75013 | Amount of contribution (\$)<br><br>\$100.00                                | In-kind contribution description (if applicable)   |
|   |   | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)  |  |

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|   |   |  |  |  |  |
|---|---|--|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. |   |  |  | 1 PAGE #<br>Schedule: 9/16 Report: 11/34           |  |
| 2 FILER NAME Maso, Maher (Mr.)                            |   |  |  | 3 ACCOUNT # (Ethics Commission filers)             |  |
| 4 Date<br><br>02/07/2008                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>McGrade, Denise (Ms.)<br><br>6 Contributor address; City; State; Zip Code<br>8881 Crestview Dr.<br>Frisco, TX 75034 |  | 7 Amount of contribution (\$)<br><br>\$500.00                              | 8 In-kind contribution description (if applicable) |  |
|   |   |  | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  |  |
| 9 Principal occupation / Job title (See Instructions)     |   |  | 10 Employer (See Instructions)   |  |  |
| Date<br><br>03/20/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>mckennon, Kayla<br><br>Contributor address; City; State; Zip Code<br>5868 Noble Oak Lane<br>Frisco, TX 75034          |  | Amount of contribution (\$)<br><br>\$250.00                                | In-kind contribution description (if applicable)   |  |
|   |   |  | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  |  |
| Principal occupation / Job title (See Instructions)       |   |  | Employer (See Instructions)  |  |  |
| Date<br><br>03/20/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>moen, Craig (Mr.)<br><br>Contributor address; City; State; Zip Code<br>411 Tarpan Trl.<br>Celina, TX 75009            |  | Amount of contribution (\$)<br><br>\$200.00                                | In-kind contribution description (if applicable)   |  |
|   |   |  | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  |  |
| Principal occupation / Job title (See Instructions)       |   |  | Employer (See Instructions)  |  |  |
| Date<br><br>03/20/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>moya, Diana (Ms.)<br><br>Contributor address; City; State; Zip Code<br>8404 Warren Pkwy<br>Frisco, TX 75034           |  | Amount of contribution (\$)<br><br>\$100.00                                | In-kind contribution description (if applicable)   |  |
|   |   |  | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  |  |
| Principal occupation / Job title (See Instructions)       |   |  | Employer (See Instructions)  |  |  |
| Date<br><br>03/31/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>muscarella, Jenny (Ms.)<br><br>Contributor address; City; State; Zip Code<br>9914 Goldenrod Dr.<br>Frisco, TX 75035   |  | Amount of contribution (\$)<br><br>\$50.00                                 | In-kind contribution description (if applicable)   |  |
|   |   |  | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  |  |
| Principal occupation / Job title (See Instructions)       |   |  | Employer (See Instructions)  |  |  |

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 10/16 Report: 12/34

2 FILER NAME Maso, Maher (Mr.)

3 ACCOUNT # (Ethics Commission filers)

4 Date

03/20/2008

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
myrben, Leroy & Billie

6 Contributor address; City; State; Zip Code  
11451 La Grange Dr  
Frisco, TX 75035

7 Amount of  
contribution (\$)

\$150.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

03/15/2008

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Okhotavion, Mike & Farah

Contributor address; City; State; Zip Code  
12100 Wildwood Ln.  
Frisco, TX 75035

Amount of  
contribution (\$)

\$85.00

In-kind contribution  
description (if applicable)

Meet and greet in home  
- food and refreshments

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/11/2008

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
O'Malley, John (Mr.)

Contributor address; City; State; Zip Code  
15 Riva Ridge  
Frisco, TX 75034

Amount of  
contribution (\$)

\$1,000.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/22/2008

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Patterson, Patricia (Ms.)

Contributor address; City; State; Zip Code  
3525 Turtle Creek Blvd  
PH-A  
Dallas, TX 75219

Amount of  
contribution (\$)

\$250.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/20/2008

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Patterson, Stephen & Jeanne

Contributor address; City; State; Zip Code  
830 Bobwhite Dr  
frisco, TX 75034

Amount of  
contribution (\$)

\$25.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 11/16 Report: 13/34

2 FILER NAME Maso, Maher (Mr.)

3 ACCOUNT # (Ethics Commission filers)

4 Date

03/31/2008

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Pittenger, WM & Carolyn

6 Contributor address; City; State; Zip Code  
8595 Meadow Hill Dr  
Frisco, TX 75034

7 Amount of  
contribution (\$)

\$250.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

03/21/2008

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Reedy, Richard (Dr.)

Contributor address; City; State; Zip Code  
8481 Edgewood Cove  
Frisco, TX 75034

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/24/2008

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Reid, Robert (Mr.)

Contributor address; City; State; Zip Code  
205 Lost Canyon Ct  
Richardson, TX 75080

Amount of  
contribution (\$)

\$475.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/21/2008

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Roach, Sam (Mr.)

Contributor address; City; State; Zip Code  
P.O. 459  
Frisco, TX 75034

Amount of  
contribution (\$)

\$500.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/28/2008

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Robinson, Paula & Ken

Contributor address; City; State; Zip Code  
2243 Sandy Creek  
Frisco, TX 75034

Amount of  
contribution (\$)

\$175.00

In-kind contribution  
description (if applicable)  
Hosted Meet and Greet  
in Home -  
refreshments/food

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| The INSTRUCTION GUIDE explains how to complete this form.                              |  |  |   | 1 PAGE #<br>Schedule: 12/16 Report: 14/34 |  |
| 2 FILER NAME Maso, Maher (Mr.)   |  |  |   | 3 ACCOUNT # (Ethics Commission filers)    |  |
| 4 Date<br><br>03/28/2008   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Rush, Blayne & Starr |  | 7 Amount of contribution (\$)<br><br>\$499.00 |   | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br>4718 Druid Hills<br>Frisco, TX 75034   |  | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |   |   |  |
| 9 Principal occupation / Job title (See Instructions)                                  |  |  | 10 Employer (See Instructions)                |   |  |
| Date<br><br>01/24/2008   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Ryan, Dan & Donna      |  | Amount of contribution (\$)<br><br>\$101.50   |   | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br>11706 Alexandria Dr.<br>Frisco, TX 75035 |  | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |   |   |  |
| Principal occupation / Job title (See Instructions)                                    |  |  | Employer (See Instructions)                   |   |  |
| Date<br><br>01/25/2008   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Ryan, Dan & Donna      |  | Amount of contribution (\$)<br><br>\$101.50   |   | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br>11706 Alexandria Dr.<br>Frisco, TX 75035 |  | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |   |   |  |
| Principal occupation / Job title (See Instructions)                                    |  |  | Employer (See Instructions)                   |   |  |
| Date<br><br>03/20/2008   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Scott, Roger & Mary    |  | Amount of contribution (\$)<br><br>\$100.00   |   | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br>11112 Promse Land Dr<br>Frisco, TX 75035 |  | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |   |   |  |
| Principal occupation / Job title (See Instructions)                                    |  |  | Employer (See Instructions)                   |   |  |
| Date<br><br>03/28/2008   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Seifert, Lori & Scott  |  | Amount of contribution (\$)<br><br>\$50.00    |   | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br>4147 Squaw Creek<br>Frisco, TX 75035     |  | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |   |   |  |
| Principal occupation / Job title (See Instructions)                                    |  |  | Employer (See Instructions)                   |   |  |

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|   |   |  |  |
|---|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. |   | 1 PAGE #<br>Schedule: 13/16 Report: 15/34                                  |  |
| 2 FILER NAME Maso, Maher (Mr.)                            |   | 3 ACCOUNT # (Ethics Commission filers)                                     |  |
| 4 Date<br><br>03/24/2008                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Showalter, Brian (Mr.)<br><br>6 Contributor address; City; State; Zip Code<br>7068 Valley Brook D.<br>Frisco, TX 75035  | 7 Amount of contribution (\$)<br><br>\$475.00                              | 8 In-kind contribution description (if applicable) |
|   |   | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  |
| 9 Principal occupation / Job title (See Instructions)     |   | 10 Employer (See Instructions)   |  |
| Date<br><br>03/20/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Shuyler, Lynn (Mr.)<br><br>Contributor address; City; State; Zip Code<br>10420 Big Horn Tr.<br>Frisco, TX 75070           | Amount of contribution (\$)<br><br>\$80.00                                 | In-kind contribution description (if applicable)   |
|   |   | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)  |  |
| Date<br><br>02/18/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Siciliano, David (Mr.)<br><br>Contributor address; City; State; Zip Code<br>17915 Windflower Way<br>Dallas, TX 75252-5237 | Amount of contribution (\$)<br><br>\$500.00                                | In-kind contribution description (if applicable)   |
|   |   | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)  |  |
| Date<br><br>03/20/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Snowden, Jane & Jeff<br><br>Contributor address; City; State; Zip Code<br>9778 La Mesa Dr<br>Frisco, TX 75034             | Amount of contribution (\$)<br><br>\$150.00                                | In-kind contribution description (if applicable)   |
|   |   | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)  |  |
| Date<br><br>03/08/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Sowell, Will & Bobbie<br><br>Contributor address; City; State; Zip Code<br>6101 Wilmington Dr.<br>Frisco, TX 75035        | Amount of contribution (\$)<br><br>\$100.00                                | In-kind contribution description (if applicable)   |
|   |   | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)  |  |

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|   |   |   |  |
|---|---|---|--|
| The INSTRUCTION GUIDE explains how to complete this form. |   | 1 PAGE #<br>Schedule: 14/16 Report: 16/34     |  |
| 2 FILER NAME Maso, Maher (Mr.)                            |   | 3 ACCOUNT # (Ethics Commission filers)<br>-   |  |
| 4 Date<br><br>03/14/2008                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Sowle, James (Mr.)<br><br>6 Contributor address; City; State; Zip Code<br>4703 Gables Ct<br>Frisco, TX 75035            | 7 Amount of contribution (\$)<br><br>\$100.00 | 8 In-kind contribution description (if applicable)<br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| 9 Principal occupation / Job title (See Instructions)     |   | 10 Employer (See Instructions)                |  |
| Date<br><br>03/20/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Stanislav, Chad & Stacey<br><br>Contributor address; City; State; Zip Code<br>9825 Concord Dr.<br>Frisco, TX 75035        | Amount of contribution (\$)<br><br>\$50.00    | In-kind contribution description (if applicable)<br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>   |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                   |  |
| Date<br><br>03/20/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Stein, Todd (Mr.)<br><br>Contributor address; City; State; Zip Code<br>4631 Elsby<br>Dallas, TX 75209                     | Amount of contribution (\$)<br><br>\$200.00   | In-kind contribution description (if applicable)<br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>   |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                   |  |
| Date<br><br>03/20/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Stevenson, Richard & Roxann<br><br>Contributor address; City; State; Zip Code<br>8050 Rock Brook St<br>Frisco, TX 75034   | Amount of contribution (\$)<br><br>\$25.00    | In-kind contribution description (if applicable)<br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>   |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                   |  |
| Date<br><br>01/28/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Stewart, Michele & Dewayne<br><br>Contributor address; City; State; Zip Code<br>5205 Promise Land Dr.<br>Frisco, TX 75035 | Amount of contribution (\$)<br><br>\$100.00   | In-kind contribution description (if applicable)<br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>   |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                   |  |



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|   |   |  |  |
|---|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. |   | 1 PAGE #<br>Schedule: 15/16 Report: 17/34                                  |  |
| 2 FILER NAME Maso, Maher (Mr.)                            |   | 3 ACCOUNT # (Ethics Commission filers)                                     |  |
| 4 Date<br><br>03/20/2008                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Sutton, George & Phyllis<br><br>6 Contributor address; City; State; Zip Code<br>2159 Copperfield Ct.<br>Frisco, TX 75034          | 7 Amount of contribution (\$)<br><br>\$50.00                               | 8 In-kind contribution description (if applicable) |
|   |   | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  |
| 9 Principal occupation / Job title (See Instructions)     |   | 10 Employer (See Instructions)   |  |
| Date<br><br>03/10/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Thanawalla, Moyez & Pamela<br><br>Contributor address; City; State; Zip Code<br>5446 Buena Vista Dr<br>Frisco, TX 75034             | Amount of contribution (\$)<br><br>\$1,000.00                              | In-kind contribution description (if applicable)   |
|   |   | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)  |  |
| Date<br><br>03/02/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>The Rudman Partnership<br><br>Contributor address; City; State; Zip Code<br>1700 Pacific Avenue<br>Suite 4700<br>Dallas, TX 75201   | Amount of contribution (\$)<br><br>\$2,500.00                              | In-kind contribution description (if applicable)   |
|   |   | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)  |  |
| Date<br><br>03/14/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Trykoski, Jeff (Mr.)<br><br>Contributor address; City; State; Zip Code<br>4015 Bryson Dr.<br>Frisco, TX 75035                       | Amount of contribution (\$)<br><br>\$500.00                                | In-kind contribution description (if applicable)   |
|   |   | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)  |  |
| Date<br><br>03/17/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Weitzman/Palmer, Herb & David<br><br>Contributor address; City; State; Zip Code<br>3102 Maple Avenue, suite 500<br>Dallas, TX 75201 | Amount of contribution (\$)<br><br>\$1,500.00                              | In-kind contribution description (if applicable)   |
|   |   | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)  |  |

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

|   |   |  |   |
|---|---|--|---|
| The INSTRUCTION GUIDE explains how to complete this form. |   | 1 PAGE #<br>Schedule: 16/16 Report: 18/34    |   |
| 2 FILER NAME Maso, Maher (Mr.)                            |   | 3 ACCOUNT # (Ethics Commission filers)       |   |
| 4 Date<br><br>03/20/2008                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Woodard, William<br><br>6 Contributor address; City; State; Zip Code<br>11545 La Grange Dr<br>Frisco, TX 75035    | 7 Amount of contribution (\$)<br><br>\$50.00 | 8 In-kind contribution description (if applicable)<br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>                                    |
| 9 Principal occupation / Job title (See Instructions)     |   | 10 Employer (See Instructions)               |   |
| Date<br><br>03/20/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Woods, Michael & Linda<br><br>Contributor address; City; State; Zip Code<br>7091 Glen Abbey Ct<br>Frisco, TX 75034  | Amount of contribution (\$)<br><br>\$40.00   | In-kind contribution description (if applicable)<br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>                                      |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                  |   |
| Date<br><br>02/09/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Wright, andrea (Mrs.)<br><br>Contributor address; City; State; Zip Code<br>4900 Plantation Lane<br>Frisco, TX 75035 | Amount of contribution (\$)<br><br>\$160.96  | In-kind contribution description (if applicable)<br>Office supplies for volunteer meeting<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                  |   |
|   |   |  |   |

**POLITICAL EXPENDITURES****SCHEDULE F**

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|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form.  |  | 1 PAGE #<br>Schedule: 1/10 Report: 19/34   |
| 2 FILER NAME Maso, Maher (Mr.)   |  | 3 ACCOUNT # (Ethics Commission filers)   |
| 4 Date<br><br>01/08/2008   | 5 Payee name<br>Allyn & Company<br><br>6 Payee address; City; State; Zip Code<br>3232 McKinney Avenue #660<br>Dallas, TX 75204 | 7 Amount<br>(\$)<br><br>\$2,500.00   |
| 8 Purpose of payment (See instructions regarding type of information required.)<br>Campaign Support/Consulting<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>     |  | 9 ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |
| Date<br><br>03/13/2008   | Payee name<br>Allyn Media<br><br>Payee address; City; State; Zip Code<br>P.O. Box 191678<br>Dallas, TX 75219                   | Amount<br>(\$)<br><br>\$1,700.00   |
| Purpose of payment (See instructions regarding type of information required.)<br>Survey<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>                            |  | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:   |
| Date<br><br>03/18/2008   | Payee name<br>Allyn Media<br><br>Payee address; City; State; Zip Code<br>P.O. Box 191678<br>Dallas, TX 75219                   | Amount<br>(\$)<br><br>\$700.00   |
| Purpose of payment (See instructions regarding type of information required.)<br>Voter Database preparation<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>        |  | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:   |
| Date<br><br>03/27/2008   | Payee name<br>Allyn Media<br><br>Payee address; City; State; Zip Code<br>P.O. Box 191678<br>Dallas, TX 75219                   | Amount<br>(\$)<br><br>\$3,836.04   |
| Purpose of payment (See instructions regarding type of information required.)<br>Voter Mailer - endorsement letter<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:   |

**POLITICAL EXPENDITURES****SCHEDULE F**

|   |  |  |
|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. |  | 1 PAGE #<br>Schedule: 2/10 Report: 20/34 |
| 2 FILER NAME Maso, Maher (Mr.)                            |  | 3 ACCOUNT # (Ethics Commission filers)   |

|  |   |  |
|--|---|--|
| 4 Date<br><br>03/07/2008   | 5 Payee name<br>FedEx Kinko's<br><br>6 Payee address; City; State; Zip Code<br>8290 Hwy 121<br>Frisco, TX 75034 | 7 Amount (\$)<br><br>\$54.66   |
| 8 Purpose of payment (See instructions regarding type of information required.)<br>paper/cards for brochures<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |   | 9 ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |

|   |  |  |
|---|--|--|
| Date<br><br>03/21/2008  | Payee name<br>FedEx Kinko's<br><br>Payee address; City; State; Zip Code<br>7645 Custer Rd #428<br>McKinney, TX 75070 | Amount (\$)<br><br>\$234.27  |
| Purpose of payment (See instructions regarding type of information required.)<br>paper/cards for handouts<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |

|   |   |  |
|---|---|--|
| Date<br><br>02/14/2008  | Payee name<br>First Graphic Services<br><br>Payee address; City; State; Zip Code<br>229 Garvon ST.<br>Garland, TX 75040 | Amount (\$)<br><br>\$4,385.10  |
| Purpose of payment (See instructions regarding type of information required.)<br>Campaign Signs<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |   | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |

|   |   |  |
|---|---|--|
| Date<br><br>02/22/2008  | Payee name<br>First Graphic Services<br><br>Payee address; City; State; Zip Code<br>229 Garvon ST.<br>Garland, TX 75040 | Amount (\$)<br><br>\$508.78  |
| Purpose of payment (See instructions regarding type of information required.)<br>Campaign Signs<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |   | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1 PAGE #**

Schedule: 3/10 Report: 21/34

**2 FILER NAME** Maso, Maher (Mr.)**3 ACCOUNT #**

(Ethics Commission filers)

**4 Date**

03/28/2008

**5 Payee name**

First Graphic Services

**7****Amount**

(\$)

\$619.73

**6 Payee address; City; State; Zip Code**229 Garvon ST.  
Garland, TX 75040**8 Purpose of payment (See instructions regarding type of information required.)**

Campaign Signs

**9 \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐**Date**

03/02/2008

**Payee name**

Frisco Lakes Community Association

**Amount**

(\$)

\$100.00

**Payee address; City; State; Zip Code**7277 Frisco Lakes Dr  
Frisco, TX 75034**Purpose of payment (See instructions regarding type of information required.)**

Center Rental for meet &amp; Greet

**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐**Date**

02/11/2008

**Payee name**

Frisco Noon Rotary

**Amount**

(\$)

\$300.00

**Payee address; City; State; Zip Code**P.O. Box 130  
Frisco, TX 75034**Purpose of payment (See instructions regarding type of information required.)**

Event Sponsorship

**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐**Date**

01/22/2008

**Payee name**

FSpN

**Amount**

(\$)

\$275.00

**Payee address; City; State; Zip Code**6207 Wilmington Dr.  
Frisco, TX 75035**Purpose of payment (See instructions regarding type of information required.)**

Political advertisement in FSpN Magazine

**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

**POLITICAL EXPENDITURES****SCHEDULE F**

|   |  |  |
|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. |  | 1 PAGE #<br>Schedule: 4/10 Report: 22/34 |
| 2 FILER NAME Maso, Maher (Mr.)                            |  | 3 ACCOUNT # (Ethics Commission filers)   |

|   |   |  |
|---|---|--|
| 4 Date<br><br>02/20/2008  | 5 Payee name<br>FSpN<br><hr/> 6 Payee address; City; State; Zip Code<br>6207 Wilmington Dr.<br>Frisco, TX 75035 | 7 Amount (\$)<br><br>\$475.00  |
| 8 Purpose of payment (See instructions regarding type of information required.)<br>Political advertisement in FSpN Magazine<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |   | 9 ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |

|   |   |  |
|---|---|--|
| Date<br><br>03/20/2008  | Payee name<br>FSpN<br><hr/> Payee address; City; State; Zip Code<br>6207 Wilmington Dr.<br>Frisco, TX 75035 | Amount (\$)<br><br>\$425.00  |
| Purpose of payment (See instructions regarding type of information required.)<br>Political advertisement in FSpN Magazine<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |   | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |

|  |  |  |
|--|--|--|
| Date<br><br>01/25/2008   | Payee name<br>Knights of Columbus Council<br><hr/> Payee address; City; State; Zip Code<br>P.O. Box 1920<br>Frisco, TX 75034 | Amount (\$)<br><br>\$600.00  |
| Purpose of payment (See instructions regarding type of information required.)<br>Sponsorship of Mardi Gras Event/advertising<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |

|   |  |  |
|---|--|--|
| Date<br><br>03/31/2008  | Payee name<br>Le Peep<br><hr/> Payee address; City; State; Zip Code<br>7151 Preston Road<br>Frisco, TX 75034 | Amount (\$)<br><br>\$51.22   |
| Purpose of payment (See instructions regarding type of information required.)<br>Weekly Citizen Roundtable refreshments<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |

**POLITICAL EXPENDITURES****SCHEDULE F**

|  |  |  |
|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form.  |  | 1 PAGE #<br>Schedule: 5/10 Report: 23/34   |
| 2 FILER NAME Maso, Maher (Mr.)   |  | 3 ACCOUNT # (Ethics Commission filers)   |
| 4 Date<br><br>03/14/2008   | 5 Payee name<br>Marissa Wallace Photography<br><br>6 Payee address; City; State; Zip Code<br>P.O. Box 192086<br>Dallas, TX 75219 | 7 Amount (\$)<br><br>\$1,299.00  |
| 8 Purpose of payment (See instructions regarding type of information required.)<br>Photography services for campaign<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  | 9 ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |
| Date<br><br>02/15/2008   | Payee name<br>Office Max<br><br>Payee address; City; State; Zip Code<br>8700 Preston Rd. #111<br>Plano, TX 75024                 | Amount (\$)<br><br>\$108.86  |
| Purpose of payment (See instructions regarding type of information required.)<br>paper and ink supplies for cards<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>    |  | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:   |
| Date<br><br>03/29/2008   | Payee name<br>Panther Creek Hoa<br><br>Payee address; City; State; Zip Code<br>5728 LBJ Freeway #300<br>Dallas, TX 75240         | Amount (\$)<br><br>\$60.00   |
| Purpose of payment (See instructions regarding type of information required.)<br>Newsletter Advertisement<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>            |  | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:   |
| Date<br><br>02/08/2008   | Payee name<br>Party America<br><br>Payee address; City; State; Zip Code<br>3333 Preston Rd.<br>Suite 1200<br>Frisco, TX 75034    | Amount (\$)<br><br>\$160.96  |
| Purpose of payment (See instructions regarding type of information required.)<br>decorations for events<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>              |  | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:   |

**POLITICAL EXPENDITURES****SCHEDULE F**

|   |  |  |
|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. |  | 1 PAGE #<br>Schedule: 6/10 Report: 24/34 |
| 2 FILER NAME Maso, Maher (Mr.)                            |  | 3 ACCOUNT # (Ethics Commission filers)   |

|  |   |  |
|--|---|--|
| 4 Date<br><br>01/24/2008   | 5 Payee name<br>Paypal<br><br>6 Payee address; City; State; Zip Code<br>P.O. Box 45950<br>Omaha, NE 68145 | 7 Amount (\$)<br><br>\$3.24  |
| 8 Purpose of payment (See instructions regarding type of information required.)<br>Bank Credit Card Processing Fee<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |   | 9 ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |

|  |   |  |
|--|---|--|
| Date<br><br>01/25/2008   | Payee name<br>Paypal<br><br>Payee address; City; State; Zip Code<br>P.O. Box 45950<br>Omaha, NE 68145 | Amount (\$)<br><br>\$3.24  |
| Purpose of payment (See instructions regarding type of information required.)<br>Bank Credit Card Processing Fee<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |   | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |

|  |   |  |
|--|---|--|
| Date<br><br>02/07/2008   | Payee name<br>Paypal<br><br>Payee address; City; State; Zip Code<br>P.O. Box 45950<br>Omaha, NE 68145 | Amount (\$)<br><br>\$14.80   |
| Purpose of payment (See instructions regarding type of information required.)<br>Bank Credit Card Processing Fee<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |   | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |

|  |   |  |
|--|---|--|
| Date<br><br>02/15/2008   | Payee name<br>Paypal<br><br>Payee address; City; State; Zip Code<br>P.O. Box 45950<br>Omaha, NE 68145 | Amount (\$)<br><br>\$3.20  |
| Purpose of payment (See instructions regarding type of information required.)<br>Bank Credit Card Processing Fee<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |   | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |



**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1 PAGE #**

Schedule: 7/10 Report: 25/34

**2 FILER NAME** Maso, Maher (Mr.)**3 ACCOUNT #** (Ethics Commission filers)**4 Date**

02/15/2008

**5 Payee name**

Paypal

**7 Amount (\$)**

\$5.00

**6 Payee address; City; State; Zip Code**P.O. Box 45950  
Omaha, NE 68145**8 Purpose of payment (See instructions regarding type of information required.)**

Bank Credit Card Processing Fee

(If travel outside of Texas, complete Schedule T) ☐**9 \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:

Office sought:

Office held:

**Date**

02/15/2008

**Payee name**

Paypal

**Amount (\$)**

\$3.20

**Payee address; City; State; Zip Code**P.O. Box 45950  
Omaha, NE 68145**Purpose of payment (See instructions regarding type of information required.)**

Bank Credit Card Processing Fee

(If travel outside of Texas, complete Schedule T) ☐**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:

Office sought:

Office held:

**Date**

03/14/2008

**Payee name**

Paypal

**Amount (\$)**

\$3.20

**Payee address; City; State; Zip Code**P.O. Box 45950  
Omaha, NE 68145**Purpose of payment (See instructions regarding type of information required.)**

Bank Credit Card Processing Fee

(If travel outside of Texas, complete Schedule T) ☐**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:

Office sought:

Office held:

**Date**

03/14/2008

**Payee name**

Paypal

**Amount (\$)**

\$14.80

**Payee address; City; State; Zip Code**P.O. Box 45950  
Omaha, NE 68145**Purpose of payment (See instructions regarding type of information required.)**

Bank Credit Card Processing Fee

(If travel outside of Texas, complete Schedule T) ☐**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:

Office sought:

Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

|   |  |  |
|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. |  | 1 PAGE #<br>Schedule: 8/10 Report: 26/34 |
| 2 FILER NAME Maso, Maher (Mr.)                            |  | 3 ACCOUNT # (Ethics Commission filers)   |

|  |   |  |
|--|---|--|
| 4 Date<br><br>03/19/2008   | 5 Payee name<br>Paypal<br><br>6 Payee address; City; State; Zip Code<br>P.O. Box 45950<br>Omaha, NE 68145 | 7 Amount (\$)<br><br>\$3.20  |
| 8 Purpose of payment (See instructions regarding type of information required.)<br>Bank Credit Card Processing Fee<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |   | 9 ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |

|  |   |  |
|--|---|--|
| Date<br><br>03/19/2008   | Payee name<br>Paypal<br><br>Payee address; City; State; Zip Code<br>P.O. Box 45950<br>Omaha, NE 68145 | Amount (\$)<br><br>\$14.80   |
| Purpose of payment (See instructions regarding type of information required.)<br>Bank Credit Card Processing Fee<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |   | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |

|  |   |  |
|--|---|--|
| Date<br><br>03/20/2008   | Payee name<br>Paypal<br><br>Payee address; City; State; Zip Code<br>P.O. Box 45950<br>Omaha, NE 68145 | Amount (\$)<br><br>\$6.10  |
| Purpose of payment (See instructions regarding type of information required.)<br>Bank Credit Card Processing Fee<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |   | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |

|  |   |  |
|--|---|--|
| Date<br><br>03/20/2008   | Payee name<br>Paypal<br><br>Payee address; City; State; Zip Code<br>P.O. Box 45950<br>Omaha, NE 68145 | Amount (\$)<br><br>\$3.20  |
| Purpose of payment (See instructions regarding type of information required.)<br>Bank Credit Card Processing Fee<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |   | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |

**POLITICAL EXPENDITURES****SCHEDULE F**

|  |  |  |
|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form.  |  | 1 PAGE #<br>Schedule: 9/10 Report: 27/34   |
| 2 FILER NAME Maso, Maher (Mr.)   |  | 3 ACCOUNT # (Ethics Commission filers)   |
| 4 Date<br><br>03/15/2008   | 5 Payee name<br>Postmaster<br><br>6 Payee address; City; State; Zip Code<br>8700 Stonebrook Pkwy<br>Frisco, TX 75034                                       | 7 Amount<br>(\$)<br><br>\$792.23   |
| 8 Purpose of payment (See instructions regarding type of information required.)<br>Postage<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>                                     |  | 9 ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |
| Date<br><br>03/14/2008   | Payee name<br>Premium Fulfillment Center Inc.<br><br>Payee address; City; State; Zip Code<br>2810 East Trinity Mills Road #209-325<br>Carrollton, TX 75006 | Amount<br>(\$)<br><br>\$75.78  |
| Purpose of payment (See instructions regarding type of information required.)<br>pre-printed magnetic name tags for volunteers<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:   |
| Date<br><br>03/31/2008   | Payee name<br>Staples<br><br>Payee address; City; State; Zip Code<br>3333 Preston Rd<br>Frisco, TX 75035   | Amount<br>(\$)<br><br>\$108.19   |
| Purpose of payment (See instructions regarding type of information required.)<br>Meet & Greet Invitations<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>                      |  | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:   |
| Date<br><br>02/15/2008   | Payee name<br>Style Publishig Group LLC<br><br>Payee address; City; State; Zip Code<br>P.O. Box 1676<br>Frisco, TX 75034                                   | Amount<br>(\$)<br><br>\$1,800.00   |
| Purpose of payment (See instructions regarding type of information required.)<br>Magazine Advertising<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>                          |  | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:   |

**POLITICAL EXPENDITURES****SCHEDULE F**

|  |  |   |
|--|--|---|
| <b>The INSTRUCTION GUIDE explains how to complete this form.</b>   |  | <b>1 PAGE #</b><br>Schedule: 10/10 Report: 28/34  |
| <b>2 FILER NAME</b> Maso, Maher (Mr.)  |  | <b>3 ACCOUNT #</b> (Ethics Commission filers)   |
| <b>4 Date</b><br><br>03/15/2008  | <b>5 Payee name</b><br>Style Publishig Group LLC<br><br><b>6 Payee address; City; State; Zip Code</b><br>P.O. Box 1676<br>Frisco, TX 75034 | <b>7 Amount (\$)</b><br><br>\$1,800.00  |
| <b>8 Purpose of payment</b> (See instructions regarding type of information required.)<br>Magazine Advertising<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  | <b>9 ** Complete if direct expenditure to benefit Candidate/Officeholder **</b><br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/5 Report: 29/34

2 FILER NAME Maso, Maher (Mr.)

3 ACCOUNT # (Ethics Commission filers)

|                                 |  |   |
|---------------------------------|--|---|
| <b>4</b> Date<br><br>02/26/2008 | <b>5</b> Payee name<br>Coffee News<br><hr/> <b>6</b> Payee address; City; State; Zip Code<br>2405 FM 423 Ste 300<br>PMB 421<br>Little Elm, TX 75068<br><hr/> <b>7</b> Purpose of expenditure (See instructions regarding type of information required.)<br>Advertisement in magazine/flyer<br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | <b>8</b> Amount (\$)<br><br>\$467.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| <b>Date</b><br><br>02/21/2008   | <b>Payee name</b><br>First Graphic Services<br><hr/> <b>Payee address; City; State; Zip Code</b><br>229 Garvon ST.<br>Garland, TX 75040<br><hr/> <b>Purpose of expenditure (See instructions regarding type of information required.)</b><br>Campaign Signs/material<br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>                       | <b>Amount (\$)</b><br><br>\$150.92<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended   |
| <b>Date</b><br><br>02/08/2008   | <b>Payee name</b><br>Frisco Chamber of Commerce<br><hr/> <b>Payee address; City; State; Zip Code</b><br>6843 Main St.<br>Frisco, TX 75034<br><hr/> <b>Purpose of expenditure (See instructions regarding type of information required.)</b><br>Event Sponsorship/advertising<br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>               | <b>Amount (\$)</b><br><br>\$60.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended    |
| <b>Date</b><br><br>02/22/2008   | <b>Payee name</b><br>Frisco Dog Park<br><hr/> <b>Payee address; City; State; Zip Code</b><br>1656 Dowelling Ct.<br>Frisco, TX 75034<br><hr/> <b>Purpose of expenditure (See instructions regarding type of information required.)</b><br>Event Sponsorship/Advertising<br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>                     | <b>Amount (\$)</b><br><br>\$500.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended   |
| <b>Date</b><br><br>02/26/2008   | <b>Payee name</b><br>Frisco Relay for Life<br><hr/> <b>Payee address; City; State; Zip Code</b><br>2433 Ridgepoint dr.<br>Austin, TX 78754<br><hr/> <b>Purpose of expenditure (See instructions regarding type of information required.)</b><br>Campaign Team Registration<br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>                 | <b>Amount (\$)</b><br><br>\$25.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended    |

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

|   |   |  |
|---|---|--|
| The INSTRUCTION GUIDE explains how to complete this form. |   | 1 PAGE #<br>Schedule: 2/5 Report: 30/34  |
| 2 FILER NAME Maso, Maher (Mr.)                            |   | 3 ACCOUNT # (Ethics Commission filers)   |
| 4 Date<br><br>02/26/2008                                  | 5 Payee name<br>Frisco Sports Center<br>.....<br>6 Payee address; City; State; Zip Code<br>8715 Lebanon Rd.<br>Suite 100<br>Frisco, TX 75034<br>7 Purpose of expenditure (See instructions regarding type of information required.)<br>Campaign T-shirts<br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>  | 8 Amount (\$)<br><br>\$1,163.69<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date<br><br>03/20/2008                                    | Payee name<br>Frisco Thunder<br>.....<br>Payee address; City; State; Zip Code<br>5700 Granite Parkway #227<br>Plano, TX 75024<br>Purpose of expenditure (See instructions regarding type of information required.)<br>table entry sponsorship/advertising<br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | Amount (\$)<br><br>\$30.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended      |
| Date<br><br>03/17/2008                                    | Payee name<br>Google Inc. - Dept 33181<br>.....<br>Payee address; City; State; Zip Code<br>P.O. Box 39000<br>San Francisco, CA 94139<br>Purpose of expenditure (See instructions regarding type of information required.)<br>Internet Advertising<br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>         | Amount (\$)<br><br>\$66.62<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended      |
| Date<br><br>02/17/2008                                    | Payee name<br>Le Peep<br>.....<br>Payee address; City; State; Zip Code<br>7151 Preston Road<br>Frisco, TX 75034<br>Purpose of expenditure (See instructions regarding type of information required.)<br>Weekly Citizen Roundtable refreshments<br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>            | Amount (\$)<br><br>\$76.19<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended      |
| Date<br><br>02/18/2008                                    | Payee name<br>Le Peep<br>.....<br>Payee address; City; State; Zip Code<br>7151 Preston Road<br>Frisco, TX 75034<br>Purpose of expenditure (See instructions regarding type of information required.)<br>Weekly Citizen Roundtable refreshments<br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>            | Amount (\$)<br><br>\$42.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended      |

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 3/5 Report: 31/34

2 FILER NAME Maso, Maher (Mr.)

3 ACCOUNT # (Ethics Commission filers)

|                                 |  |  |
|---------------------------------|--|--|
| <b>4</b> Date<br><br>02/25/2008 | <b>5</b> Payee name<br>Le Peep<br><hr/> <b>6</b> Payee address; City; State; Zip Code<br>7151 Preston Road<br>Frisco, TX 75034<br><hr/> <b>7</b> Purpose of expenditure (See instructions regarding type of information required.)<br>Weekly Citizen Roundtable refreshments<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | <b>8</b> Amount (\$)<br><br>\$52.90<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| <b>Date</b><br><br>03/03/2008   | <b>Payee name</b><br>Le Peep<br><hr/> <b>Payee address; City; State; Zip Code</b><br>7151 Preston Road<br>Frisco, TX 75034<br><hr/> <b>Purpose of expenditure (See instructions regarding type of information required.)</b><br>Citizen Roundtable snacks<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>                    | <b>Amount (\$)</b><br><br>\$54.35<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended   |
| <b>Date</b><br><br>03/10/2008   | <b>Payee name</b><br>Le Peep<br><hr/> <b>Payee address; City; State; Zip Code</b><br>7151 Preston Road<br>Frisco, TX 75034<br><hr/> <b>Purpose of expenditure (See instructions regarding type of information required.)</b><br>Weekly Citizen Roundtable refreshments<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>       | <b>Amount (\$)</b><br><br>\$48.47<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended   |
| <b>Date</b><br><br>03/17/2008   | <b>Payee name</b><br>Le Peep<br><hr/> <b>Payee address; City; State; Zip Code</b><br>7151 Preston Road<br>Frisco, TX 75034<br><hr/> <b>Purpose of expenditure (See instructions regarding type of information required.)</b><br>Weekly Citizen Roundtable refreshments<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>       | <b>Amount (\$)</b><br><br>\$94.69<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended   |
| <b>Date</b><br><br>03/24/2008   | <b>Payee name</b><br>Le Peep<br><hr/> <b>Payee address; City; State; Zip Code</b><br>7151 Preston Road<br>Frisco, TX 75034<br><hr/> <b>Purpose of expenditure (See instructions regarding type of information required.)</b><br>Weekly Citizen Roundtable refreshments<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>       | <b>Amount (\$)</b><br><br>\$46.60<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended   |

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 4/5 Report: 32/34

2 FILER NAME Maso, Maher (Mr.)

3 ACCOUNT # (Ethics Commission filers)

|                                 |  |   |
|---------------------------------|--|---|
| <p>4 Date</p> <p>02/14/2008</p> | <p>5 Payee name<br/>Lochrann's</p> <hr/> <p>6 Payee address; City; State; Zip Code<br/>6195 W. Main St<br/>Frisco, TX 75034</p> <p>7 Purpose of expenditure (See instructions regarding type of information required.)<br/>Refreshments/food - Volunteer Meeting</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>                                       | <p>8 Amount (\$)</p> <p>\$38.27</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>  |
| <p>Date</p> <p>03/01/2008</p>   | <p>Payee name<br/>Network Cybernetics Corp.</p> <hr/> <p>Payee address; City; State; Zip Code<br/>3720 Canton St. #202<br/>Dallas, TX 75226</p> <p>Purpose of expenditure (See instructions regarding type of information required.)<br/>Internet/Web services</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>   | <p>Amount (\$)</p> <p>\$150.00</p> <p><input type="checkbox"/> Reimbursement from political contributions intended</p>              |
| <p>Date</p> <p>03/08/2008</p>   | <p>Payee name<br/>Pizza Hut</p> <hr/> <p>Payee address; City; State; Zip Code<br/>8992 Prston Rd.<br/>Suite 103<br/>Frisco, TX 75034</p> <p>Purpose of expenditure (See instructions regarding type of information required.)<br/>pizza for volunteer sign making event</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>                                | <p>Amount (\$)</p> <p>\$60.00</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>    |
| <p>Date</p> <p>03/26/2008</p>   | <p>Payee name<br/>Roughriders Baseball Partners, L.P.</p> <hr/> <p>Payee address; City; State; Zip Code<br/>7300 Roughriders Trail<br/>Frisco, TX 75034</p> <p>Purpose of expenditure (See instructions regarding type of information required.)<br/>Campaign Rally at stadium, food and refreshments.</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p> | <p>Amount (\$)</p> <p>\$1,541.28</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p> |
| <p>Date</p> <p>02/21/2008</p>   | <p>Payee name<br/>Staples</p> <hr/> <p>Payee address; City; State; Zip Code<br/>3333 Preston Rd<br/>Frisco, TX 75035</p> <p>Purpose of expenditure (See instructions regarding type of information required.)<br/>card stock for mailings</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>  | <p>Amount (\$)</p> <p>\$171.23</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>   |



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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|---|---|--|
| The INSTRUCTION GUIDE explains how to complete this form. |   | 1 PAGE #<br>Schedule: 5/5 Report: 33/34  |
| 2 FILER NAME Maso, Maher (Mr.)                            |   | 3 ACCOUNT # (Ethics Commission filers)   |
| 4 Date<br><br>02/29/2008                                  | 5 Payee name<br>Staples<br>.....<br>6 Payee address; City; State; Zip Code<br>3333 Preston Rd<br>Frisco, TX 75035<br>7 Purpose of expenditure (See instructions regarding type of information required.)<br>card stock for mailings<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>                             | 8 Amount (\$)<br><br>\$37.39<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended  |
| Date<br><br>03/02/2008                                    | Payee name<br>Staples<br>.....<br>Payee address; City; State; Zip Code<br>3333 Preston Rd<br>Frisco, TX 75035<br>Purpose of expenditure (See instructions regarding type of information required.)<br>card stock for mailings<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>                                   | Amount (\$)<br><br>\$17.31<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended    |
| Date<br><br>02/20/2008                                    | Payee name<br>Star Community Newspaper<br>.....<br>Payee address; City; State; Zip Code<br>8820 W. Main Street<br>Suite 200<br>Frisco, TX 75034<br>Purpose of expenditure (See instructions regarding type of information required.)<br>Newspaper Advertisement<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | Amount (\$)<br><br>\$1,134.80<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date<br><br>02/09/2008                                    | Payee name<br>The Abbey Grill<br>.....<br>Payee address; City; State; Zip Code<br>718 Main Street<br>Frisco, TX 75034<br>Purpose of expenditure (See instructions regarding type of information required.)<br>Volunteer Meeting-refreshments and snacks<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>         | Amount (\$)<br><br>\$122.78<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended   |

**CREDITS (optional)****SCHEDULE K**

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|---|--|---|
| The INSTRUCTION GUIDE explains how to complete this form. |  | 1 PAGE #<br>Schedule: 1/1 Report: 34/34 |
| 2 FILER NAME Maso, Maher (Mr.)                            |  | 3 ACCOUNT # (Ethics Commission filers)  |
| 4 Date<br><br>01/09/2008                                  | 5 Payor name<br>Bank of America<br>.....<br>6 Payor address; City; State; Zip Code<br>5019 Preston Road<br>Frisco, TX 75034<br>7 Reason for credit<br>Bank Interest  | 8 Amount<br>(\$)<br><br>\$0.13          |
| Date<br><br>02/08/2008                                    | Payor name<br>Bank of America<br>.....<br>Payor address; City; State; Zip Code<br>5019 Preston Road<br>Frisco, TX 75034<br>Reason for credit<br>Bank Interest  | Amount<br>(\$)<br><br>\$0.07            |
| Date<br><br>02/28/2008                                    | Payor name<br>Frisco Chamber of Commerce<br>.....<br>Payor address; City; State; Zip Code<br>6843 Main St.<br>Frisco, TX 75034<br>Reason for credit<br>Refund of advertising fee - advertisement was not delivered | Amount<br>(\$)<br><br>\$1,000.00        |
|   |  |   |
|   |  |   |